

Rapiscan systems		BAGGAGE/PARCEL CABINET X-RAY SYSTEM RADIATION LEAKAGE REPORT		FIELD SERVICE ENGINEERS		Form R-0588-3 9/9/09	
1. Name of Facility <i>John F. Kennedy Airport</i>		2. Region <i>NY</i>		3. Street Address <i>Terminal 5 Lane 3</i>		45. RSI W.O.# Deferred W.O.# <i>3118480</i>	
4. City <i>Jamaica</i>		5. State or Province Code <i>NY</i>		6. Zip Code <i>11430</i>			
7. Room No. or Other Physical Location of System <i>Terminal 5 Lane 3</i>		8. Person Interviewed <i>[Redacted]</i>		9. Telephone Number <i>[Redacted]</i>		10. Fax Number <i>N/A</i>	
11. Manufacture Information & Certification Label Present <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		12. Radiation Measuring Instrument: Model: <i>INDOVISON</i> Serial No. <i>552</i> Calibration Due Date: <i>11/5/10</i>		FSE Shall Attach Copy of Calibration Certificate to This Form			
Manufacturer <i>Rapiscan Systems Inc.</i>		13. System Model No. <i>600DV</i>		14. Single Source <input type="checkbox"/> Dual Source <input checked="" type="checkbox"/>		15. System Serial No. <i>7082411</i>	
16. Date of Manufacture Mo. <i>6</i> Yr. <i>08</i>		18. Facility Owner Has been notified of responsibility for "Application for Registration" with their State Radiation Control Agency <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Customer has been notified of their responsibility for posting their State "Notice to Employees" Document and Posted in Several Conspicuous Locations so Employees Can View <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
17. X-ray Tube Serial Number(s) <i>T-08-12-75 T08-27-01</i>		20. Operator Instructions Available <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		21. Maintenance Schedule Available <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail			
22. Warning Label Present at Controls Stating: "Caution: X-Rays Produced When Energized" <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		23. Warning Labels Present at Ports Stating: "Caution: Do Not Insert Any Part of the Body When System is Energized, X-Ray Hazard" <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		24. Two Indicators Labeled "X-Ray On" Present at Controls (including software user interface) <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail			
25. At Least One Indicator, Marked "X-Ray On" is Visible from Each Port <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		26. Captured Key: The Key for the Key Actuated Control Cannot be Removed in Any Mode that Allows X-Ray Generation <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail					
27. All Doors and Access Panels To the X-Ray Beam Prevent Generation of X-Radiation <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		28. Some Part of the Body Can Be Inserted Through a Port into The Primary Beam <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
29. Use of X-Ray Control Necessary to Resume Operation Following Interruption <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30. Means Provided to Ensure Operator Presence at the Control Area X-ray located in a public access area <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		Or X-ray located in a non-public access area <input type="checkbox"/> Not Required			
Rapiscan Systems Test Procedure Used: <i>Rapiscan Systems W1-0023-4</i>		31. Scatter Block Description: <input type="checkbox"/> Two (2) Reams Copy Paper <input checked="" type="checkbox"/> Other, Describe: <i>meter case</i>		32. Means Provided to Operator for Terminating Exposures of Greater than One-Half Second and Preventing X-rays (E-Stop Test) <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail			
33. X-Ray Generator Settings <i>160 Kvp - 492mA</i> <i>154 - 976</i>		Note: All Survey Measurements Shall be Obtained at 5 cm from All External Surfaces and at 5 cm from the Plane of All Access Port Openings or Shroud Extension Openings. Scatter Block shall be Stacked and Positioned Centerline of Primary Beam.					
34.1. Background Radiation: <i>82</i> uR/hr				Maximum External Surface Dose Rate Not to Exceed 500 uR/hr at 5 cm from all external surfaces.			
34.3 Record All Readings in uR/hr Unless Otherwise Noted							
Please see model specific diagram (attached)							
36. Overall Condition of Lead Drapes: <input checked="" type="checkbox"/> SAT - Pass <input type="checkbox"/> UNSAT - Fail		37. Overall Condition of Machine: <input checked="" type="checkbox"/> SAT - Pass <input type="checkbox"/> UNSAT - Fail		38. Comments, Corrective Active Actions and/or Recommendations: <i>NONE</i>			
39. Surveyor Name (Print: L, F, MI) <i>[Redacted]</i>		40. Surveyor Signature <i>[Redacted]</i>		41. Date of Survey <i>6/3/10</i>		42. Time of Survey <i>9:00</i>	
The Surveyor has inspected, tested and certified this x-ray machine is in compliance with U.S. FDA 21 CFR 1020.40 and equivalent international radiation emission leakage standards.		43. I (<i>[Redacted]</i>) have received a copy of this Radiation Survey Report and understand the responsibility to retain this report for State inspection. Signature: <i>[Redacted]</i> Date: <i>6-3-10</i>					

This report is to certify this x-ray unit has been surveyed for radiation leakage emissions and found to be within the regulatory radiation emission limit. The safety features, controls and indicators incorporated in the x-ray unit have been satisfactorily tested and/or inspected. The owner of this x-ray unit is responsible for State Radiation Control Agency compliance (not applicable for facilities exclusively operated by the Federal Government) and for the safe use and routine inspection, general maintenance and cleanliness of this x-ray unit. Only trained and qualified individuals should operate this equipment.

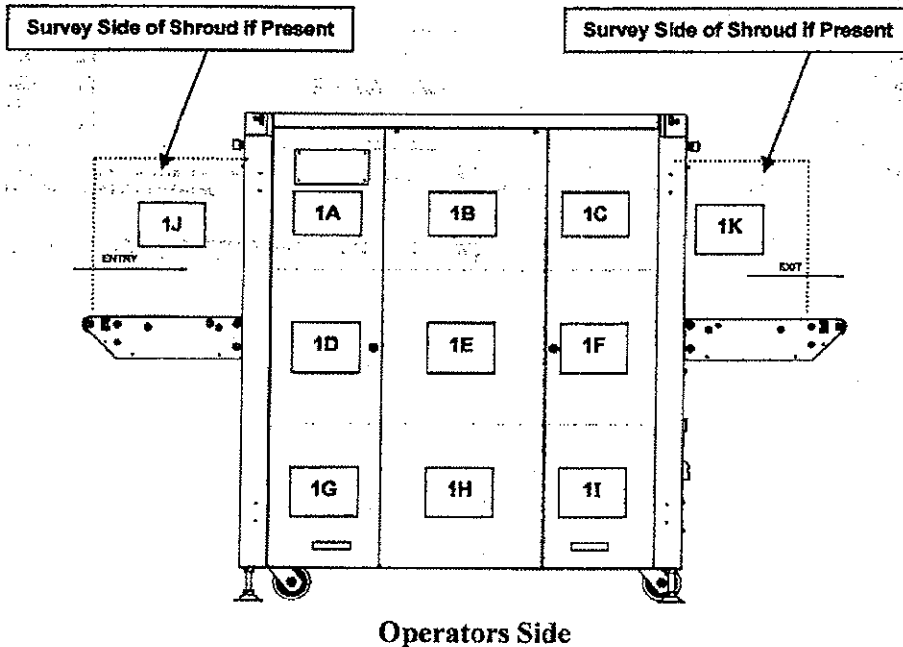
Rapiscan Systems	MODEL 620DV OR 500 SERIES EQUIVALENT RADIATION LEAKAGE SURVEY FORM	MODEL 620DV FSE SURVEY FORM	FORM FSE-R-0047-620DV-1
----------------------------	---	--------------------------------	-------------------------

FIELD SERVICE ENGINEERS RADIATION EMISSION SURVEY

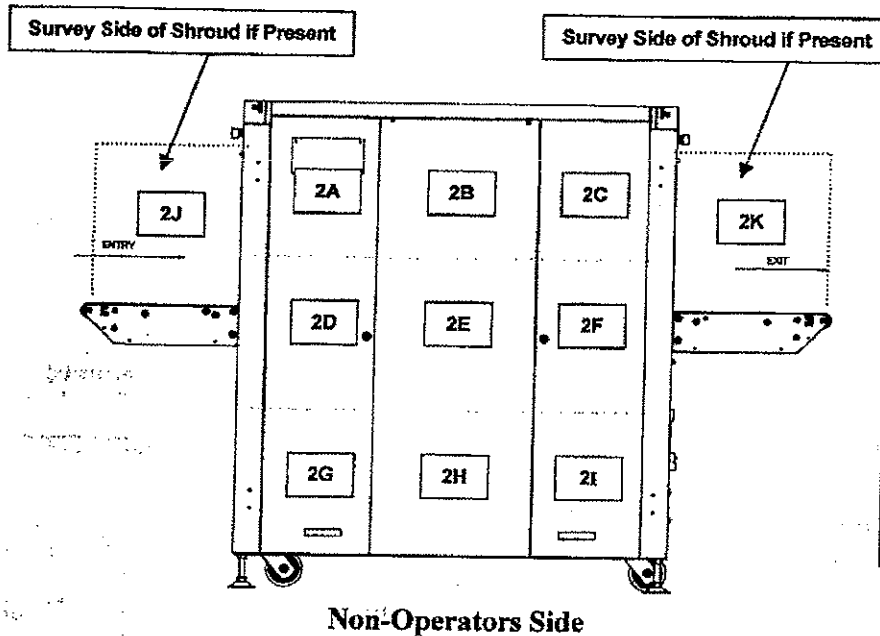
United States and Canada External Surface Radiation Leakage Limit is 5.0 uSv/hr at 5 cm (500 uR/hr)

Global External Surface Radiation Leakage Limit is 1.0 uSv/hr at 5 cm (100 uR/hr at 5 cm)

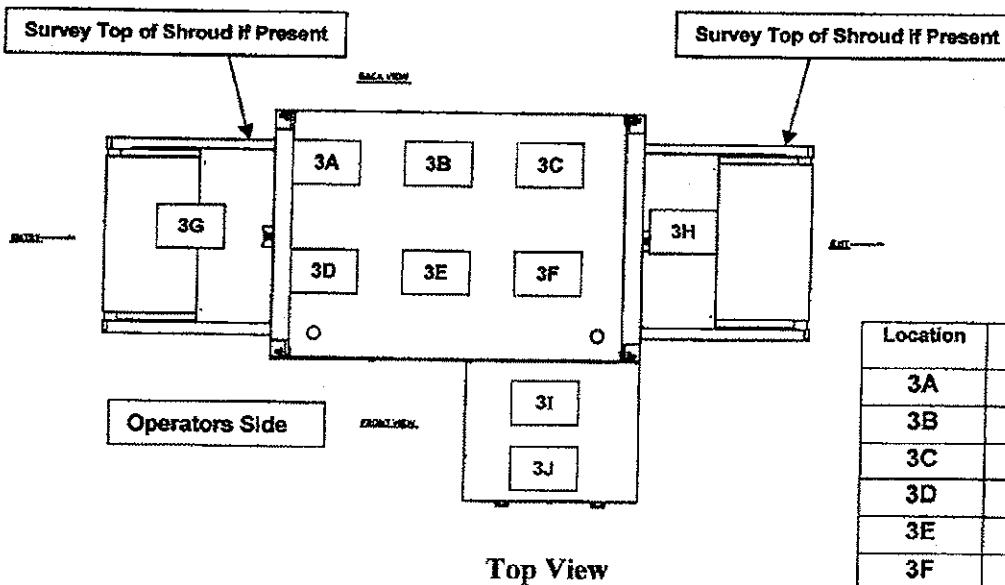
Date: <u>6/3/10</u>	Location Manufactured: (Check One) Malaysia <input type="checkbox"/> UK <input type="checkbox"/> <input checked="" type="checkbox"/> US	Instrument Model No: <u>INDUCTION 451P</u>
Time: <u>9:00</u>	Date of Mfg: <u>6/08</u>	Instrument Serial No: <u>552</u>
Background: uSv/hr (<u>2</u> uR/hr)	Serial No: <u>7082411</u>	Instrument Calibration Due: <u>11/5/10</u>
All Measurements Recorded In: uSv/hr <input checked="" type="checkbox"/> uR/hr (Check One)	Settings: <u>140</u> kVp <u>992</u> mA Settings: <u>154</u> kVp <u>976</u> mA	Description of Scatter Body: (Check One) <input type="checkbox"/> Paper (2 Reams, 500 sheets each) <input type="checkbox"/> Wood Block (4" x 4" x 12" L) <input checked="" type="checkbox"/> Other <u>meter case</u>



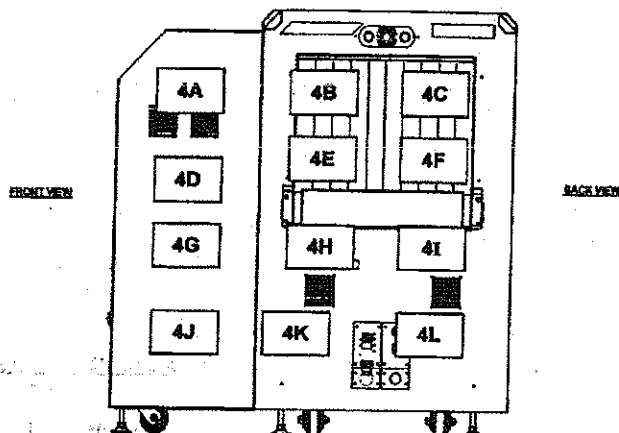
Location	Results NO Scatter Body	Results WITH Scatter Body
1A	10	14
1B	8	21
1C	7	12
1D	13	23
1E	11	9
1F	12	14
1G	5	9
1H	13	9
1I	11	10
1J	71	42
1K	22	15

FIELD SERVICE ENGINEERS RADIATION EMISSION SURVEY


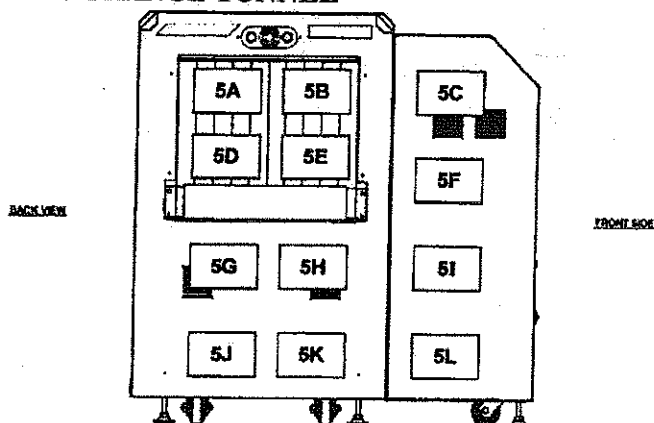
Location	Results NO Scatter Body	Results WITH Scatter Body
2A	11	18
2B	11	23
2C	9	17
2D	16	22
2E	29	36
2F	18	11
2G	12	8
2H	14	8
2I	13	22
2J	11	19
2K	15	17



Location	Results NO Scatter Body	Results WITH Scatter Body
3A	12	19
3B	14	21
3C	6	18
3D	10	14
3E	8	16
3F	8	10
3G	11	34
3H	24	21
3I	21	24
3J	22	19

FIELD SERVICE ENGINEERS RADIATION EMISSION SURVEY
EXIT TUNNEL


Location	Results NO Scatter Body	Results WITH Scatter Body
4A	17	27
4B	30	27
4C	29	35
4D	20	36
4E	34	25
4F	54	42
4G	13	36
4H	11	17
4I	23	11
4J	13	18
4K	14	16
4L	15	17

ENTRANCE TUNNEL


Location	Results NO Scatter Body	Results WITH Scatter Body
5A	46	27
5B	44	33
5C	25	25
5D	34	45
5E	27	47
5F	33	18
5G	18	18
5H	11	14
5I	30	16
5J	10	12
5K	9	11
5L	18	6

Instructions:

- If shrouds are NOT installed, radiation measurements shall be taken 5 cm from the lead drapes.
- If shrouds are installed, radiation measurements shall be taken at the imaginary plane of the shroud opening.
- Lead Drapes should touch the conveyor. If they do not, check to verify x-ray radiation is not traveling down the conveyor where the gap exists between the lead drapes and the conveyor surface.
- Survey below the conveyor up against the cabinet near any gaps, mating surfaces, and photo sensor cut-outs.

SURVEY PERFORMED BY:

DATE:

6/3/10